

W.A.—PLAINLY WITH UNFADING INK—THIS IS A PRELIMINARY RETURN. A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH IN N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Maricopa
District of _____
Town of Miami
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 125
County Registrar No. 736
Local Registrar No. _____

2. Full name of child Genera Dominguez
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female } To be answered ONLY in event of plural births.
4. Twin, triplet or other no
5. No., in order of birth yes
6. Legitimate? yes
7. Date of birth July 10, 1926
Month Day Year

8. FATHER
Full name Pedro Dominguez
9. Residence (Usual place of abode) Miami, Ariz.
If non-resident, give place and state.
10. Color or race Mex.
11. Age at last birthday 25 (Years)
12. Birthplace (city or place) Durango, Mex.
(State or country)
13. Occupation Miner
Nature of industry Mining

14. MOTHER
Full maiden name Trinidad Lopez
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.
16. Color or race Mex
17. Age at last birthday 25 (Years)
18. Birthplace (city or place) Durango, Mex.
(State or country)
19. Occupation Housewife
Nature of industry

20. Number of children of this mother } (a) Born alive and now living 1
(Taken as of time of birth of child herein } (b) Born alive but now dead _____
certified and including this child.) } (c) Stillborn _____
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 11:30 A. m. on the date above stated
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Cyril M. Brown M.D.
Address Miami, Ariz.
(Physician or midwife).

Given name added from a supplemental report _____
Month, day, year _____
Filed Aug 3 1926 _____
Local Registrar.

Registrar

Filed _____, 19____
County Registrar.

749-710-331